



PTO/SB/21 (09-04)

A F  
IPW**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

10/092,454

Filing Date

March 5, 2002

First Named Inventor

Podsakoff

Art Unit

1633

Examiner Name

A. Wehbe

Attorney Docket Number

0800-0009.08

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> <b>Fee Attached</b>                      | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> <b>Amendment/Reply (5 pages)</b>         | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> <b>Extension of Time (in duplicate)t</b> | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b>  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <b>Check for \$450.00</b>   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____  | <b>Return Receipt Postcard</b>  |
|  | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application      |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53    |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Roberta L. Robins		
Date	2/24/06	Reg. No.	33,208

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Denise M. Vaillancourt

Date

2/24/06